

Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

	21111	Office:
Elizabeth H.	Mitchell	☐ House ★ Senate
Mailing address		District
277 Cushnoc Rd		24
City, zip code		Phone
Vassalboro 0498°	7	622-2629
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《海通》的是基础。 在主义中的位置的"新闻"的"新闻"。 "我们是我们的是一种"自己的"。	ME DERIVED FROM EMPLOYMENT BY AND	的話的形象其類似的研究性的影響。例如
List the name and address of each employer economic activity of each employer.	from whom you received compensation of \$1,000 o	r more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Main	115 state House Station	Government
State of Maine Legislature	augusta, ME 04333	Cover Window
Town of Vassalboro	P.O. BOX 129	Government
	NVassalboro 04962	GOVOMINDO
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₹	ICOME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.)	!!
A. List the name and address of your business	s, if any, and list the major areas of economic activity	y from which you derived income. If
associated with a partnership, firm, professional entity.	al association, or similar business entity, list the maj	or areas of economic activity of that
<u> </u>	/A	
Name and Address of Business Enti	ty Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar
and the second second		business entity)
Name:		
Address:		
Name:		
Address:		
, indicate.		

PART 2 (continued). INCOME DERIVE (For Legislators who are		en e
B. List each source of income derived from self-employment that represe greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	ents more than 10% of your gross income or person from whom you derived sucul ethics, specify only the principal type of the second sec	h income. If this form of of economic activity of the
Name and Address of Source	Activity of	ipal Type of Economic of Entity or Person Who is Source of the Income
Name:	, , e , tabre, v a selables , v , e , eleber for elect a to berefiche t ,	and I seekees to provide an in the seekees and
Address:	• .	
Name:	THE ACT OF THE PROPERTY OF THE	
Address:	, F	
PART 3. MAJOR AREA (For Legislators who are atto List your major areas of practice. If associated with a law firm, list the major	meys-at-law only.)	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name: Mitchell + Davis f.A. Address: 86 winthrup St. Augusta, ME 04330	Probate P	robate, Real state, Civil ittigation
Name:		•
Address:		
	(e) Bu T (g) - 5 (1) - (g)	
PART 4. OTHER SOURCE	문화보면 함께는 중요한 문화를 보면 보고를 받는다. 그 2011년 보고 본 40년 다 그가 있다면 한다. 전경	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 o	of this form. Do not include girts. It hone	e, cneck the box.
□ None	nanggapagangangang paggapagan pag-18 gamma karang aman an a pangadaman panghahakaran karangan karang karang kar A Na	Kind of Income
Name and Address of Source		stments, leases, etc.)
Name: SOCIAL Security Address:	ρ_{ξ}	ension
Name: Maine State Retirement	REMARKS A WASHINGTON OF THE STATE OF THE STA	nsim
Address:	1	
PART 5. REPORTABL	E LIABILITIES	. 1.
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more to areas of economic activity of each creditor. Do not list credit card liability of the control of		
None	Princi	pal Type of Economic
Name and Address of Creditor		ctivity of Creditor
Name:		
Address:		
Name:		

Address:

PART	6. REPORTABLE GI	FTS	
List the specific source of each gift of more than \$300. In none, check the box.	clude gifts with an aggre	egate value of more than \$3	00 from a single source. I
None	it ben i de ment i ment si i ee ems vermeel (met sit ee en poet massieme).	этэм 14-майдаа үү түүн үч эм. Маймчи түсгий, түсгэ үүл тэмүн минасти үүт чуулун, н	SSSSS SERVENCE OF THE THE CONTRACTOR OF THE CONTRACT PARTIES. A SHORT WAS
Name of Source of Gift	A STATE OF THE BOOK OF THE STATE OF THE STAT	Name of Source of	f Gift
1. Senate President's Forum	3.		
2. State Legis latire Leaders Found	din 4	the second control of the control of	e green e stand of large table to a large table of
	EPORTABLE HONO	<u></u>	1 1 . s
List the source of any honoraria accepted for appearances of	or speeches related to yo	our legislative responsibilities	. If none, check the box.
None	N. N. C.	West Walsh	
Name of Source of Honoraria	No. Desiration of the contraction of the contractio	Name of Source of Ho	pnoraria
1.	3.		
2.	4.		
PART 8. REPRESEN	TATION BEFORE ST	ATE AGENCIES	
List each executive branch agency before which you repres		Barther of Program Pholips - Part 1 1997 to 1997 to 1997 to 1997	mount. If none, check the
box. None		D.M.::::::::::::::::::::::::::::::::::	$r_{i,j+1} \sim r_{i,j+1} \sim r_{i$
Name of Agency	and and military of the distributions constitute the state of the stat	Name of Agenc	ulsing a sequence of the properties of the sequence of the s
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2.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second secon	
	# 4.		
PART 9. BUSII	NESS WITH STATE A	GENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate fa	amily sold goods or services	with a value in excess of
☑ None			
Name of Agency	And the second s	Name of Agency	
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3	S Commence of the Commence of	are the second s	hittimaan ka
2.	4.		
PART 10. INCOME RECEIV	ED BY MEMBERS O	F IMMEDIATE FAMILY	4
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income of \$1,000 or	more received by your shou	se or domestic partner or c partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Act		Kind of Income
James E. Mitchell Name: Attorney, Mitchell Davis Job Title: Kenne bec County Judge of Probate	Income Received 1. Law Firm	1. Em	ployment
Hame Afforney, MI chear Chi	2. Judicial	Spouse or Domestic 2. Em	plogment
Job little: Renne bec County Judge of Probable	3. Rublication	Partner 3. Ro	ployment ployment yallties
Author		Dependent	U
If dependent child(ren) receive more than \$1,000 of income		Child	
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
_		Dependent Child	•

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1	any office, trust	fit or nonprofit corpora teeship, directorship, d ted. If a family memb	or position of any	nature. I	ndicate whether you o	or a family held the	nember of your immed e position and whether mber.	liate family held the position
	□ None	ted. If a fairing morno	Critisted, maidate	your rela	Bonsinp and the name	o or the farming the		· · · · · · · · · · · · · · · · · · ·
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z. 3.	New Eng	pland Board	of Higher Educati		Board Member	Cegislator		Νŏ
		hup St. and		30	Counsel	Spouse	JamesMitchel	yes
	86 Winth	Farm Tru	sta 04330		Trustee	Spou Sc	James Mitchell	yes
	Virgini 1770	North May	ell Trust		Trustee	Spouse	James Mitchell	No
	Little	Rock, arka	nsas 12	207				
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